

PART B - FEE(S) TRANSMITTAL

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27162 7590 02/13/2004

CARELLA, BYRNE, BAIN, GILFILLAN, CECCHI,
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 6 BECKER FARM ROAD
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Raymond J. Lillie	(Depositor's name)
Raymond J. Lillie	(Signature)
5/4/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/831,424 06/21/2001 Karl Kavalkovich 640100-426 4226

TITLE OF INVENTION: ALGINATE LAYER SYSTEM FOR CHONDROGENIC DIFFERENTIATION OF HUMAN MESENCHYMAL STEM CELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	05/13/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NAFF, DAVID M	1651	424-093700

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Elliot M. Olstein
 2 Raymond J. Lillie
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Osiris Therapeutics, Inc.

Baltimore, MD

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 12

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0678 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Raymond J. Lillie 5/4/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form (and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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05/11/2004 HBERHE1 00000035 09831424

01 FC:1501
 02 FC:8001

1330.00 OP
 36.00 OP

TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Patent Examining Operations

Applicant: Kavalkovich, et al.
Serial No.: 09/831,424 Art Unit: 1651
Filed: June 21, 2001 Examiner: Naff
Title: Alginate Layer System for Chondrogenic Differentiation of Human Mesenchymal Stem Cells
Attorney
Docket No.: 640100-426 Customer No. 27162

TRANSMITTAL LETTER

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

SIR:

Enclosed please find the following:

1. Issue Fee Form;
2. Check in the amount of \$1,366.00; and
3. A self-addressed, postage paid, return receipt postcard, date stamp and return of which is respectfully requested.

The Commissioner is authorized to charge payment of any additional filing fees required under 37 C.F.R. 1.16 associated with this communication or credit any overpayment to Deposit Account No. 03-0678.

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I hereby certify that this correspondence is being deposited today with the U.S. Postal Service as First Class Mail in an envelope addressed to:

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Raymond J. Lillie 5/4/04
Raymond J. Lillie, Esq. Date

Respectfully submitted,

Raymond J. Lillie
Raymond J. Lillie, Esq.
Reg. No. 31,778

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